



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157

1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871

www.license.state.tx.us - customer.service@license.state.tx.us

Elevator Equipment Report of Inspection

PURSUANT TO CHAPTER 754, HEALTH AND SAFETY CODES, SUBCHAPTER B,
INSPECTION, CERTIFICATION, AND REGISTRATION

RECEIVED	
TDLR MAIL ROOM 04	
DEC 28 2010	
RECEIPT#	AMOUNT
	T-60

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

RECEIPT NUMBER	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
11016241	\$20.00		

DO NOT WRITE ABOVE THIS LINE

Unit # 1 of 3

NOTE: THIS FORM MUST BE FILLED OUT COMPLETELY AND SUBMITTED WITH ATTACHMENTS IF NECESSARY. ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

Bldg Name: Crocket Hotel		Bldg Designation:		ELB # 3325
Bldg Physical Location: 320 Bonham Street		San Antonio	TX	78205
Number, Street, Suite No, Apt No		City	State	ZIP
Owner Name: 1859 Historic Hotels		Owner Phone: 210-223-4361		
Owner Address: PO Box 59		Galveston	TX	77553
Number, Street, Suite No, Apt No		City	State	ZIP
Bldg Contact Name (Local): Hector Venegas		Bldg Contact Phone: 210-223-4361		Repeat Violations? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Bldg Contact Address (Used for all correspondence): 204 Alamo Plaza		San Antonio	TX	78205
Number, Street, Suite No, Apt No		City	State	ZIP
Door Restrictors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		Firefighters Service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		Year Installed: 52 Year Altered: 06

Type of Inspection: (check all that apply) Certificate will only be issued when an Annual or New Installation inspection is performed.

☒ A - Annual ☐ B - New Installation ☐ C - Alteration ☐ D - Re-inspection ☐ E - Accident ☐ F - 5 Year Test ☐ X - OtherType of Unit: (check one) ☒ Pass ☐ Esc. ☐ M.S. ☐ Frt. ☐ W.L. ☐ LULA ☐ Other (specify)

Manufacturer: OTIS	Model Type: 311VF	Serial #: 220635	Drive Machine: (check one) <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/> Other (specify)
Speed: 250	Capacity: 2000	# of Car Openings: 1	# of Floors: 7

Item #	Rule	Code Year	Violations (Attach additional page(s) if necessary)	Repeat

Comments:

Attach additional page(s) if necessary.

Signatures Are Required For Certificate Processing.

I certify this is a true report of my inspection

20059 William McPherson Jr.

TDLR INSP LIC #

Inspector Name Printed

Inspector Signature

Date Inspection Completed

I certify that all violations cited by the inspector (if any) have been corrected OR are under contract to be corrected. All required documents and fees are attached.

Owner/Agent Name Printed

Owner/Agent Signature

Date



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Unit # 2 of 3

NOTE: THIS FORM MUST BE FILLED OUT COMPLETELY AND SUBMITTED WITH ATTACHMENTS IF NECESSARY. ALL INFORMATION MUST BE TYPED OR PRINTED IN INK

Bldg Name: Crocket Hotel		Bldg Designation:		ELBY #: 3325	
Bldg Physical Location: 320 Bonham Street		San Antonio TX 78205		Decal #: 64377	
Number, Street, Suite No, Apt No		City State ZIP		Test Data Tag in Place? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, inspector must affix test data tag	
Owner Name: 1859 Historic Hotels		Owner Phone: 210-223-4361		Waivers or Delays Requested? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, attach waiver/delay form and fees	
Owner Address: PO Box 59		Galveston TX 77553		Repeat Violations? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Number, Street, Suite No, Apt No		City State ZIP		Due Date for Next 5 Year Safety Test: 5/2013	
Bldg Contact Name (Local): Hector Venegas		Bldg Contact Phone: 210-223-4361		Year Installed : 52 Year Altered: 06	
Bldg Contact Address (Used for all correspondence): 204 Alamo Plaza		San Antonio TX 78205			
Number, Street, Suite No, Apt No		City State ZIP			
Door Restrictors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		Firefighters Service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required			

Type of Inspection: (check all that apply) Certificate will only be issued when an Annual or New Installation inspection is performed.

☒ A - Annual ☐ B - New Installation ☐ C - Alteration ☐ D - Re-inspection ☐ E - Accident ☐ F - 5 Year Test ☐ X - OtherType of Unit: (check one) ☒ Pass ☐ Esc. ☐ M.S ☐ Frt. ☐ W.L. ☐ LULA ☐ Other (specify)

Manufacturer: OTIS		Model Type: 311VF		Serial #: 227755		Drive Machine: (check one) <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/> Other (specify)	
Speed: 250	Capacity: 2000	# of Car Openings: 1	# of Floors: 7				

Item #	Rule	Code Year	Violations (Attach additional page(s) if necessary)	Repeat
1	A17.3-3.4.5(d)(1)	2002	Repair emergency light in elevator.	

Comments: Attach additional page(s) if necessary

Signatures Are Required For Certificate Processing.

I certify this is a true report of my inspection

20059 William McPherson Jr.

TDLR INSP LIC # Inspector Name Printed

Inspector Signature

Date Inspection Completed

I certify that all violations cited by the inspector (if any) have been corrected OR are under contract to be corrected. All required documents and fees are attached

Owner/Agent Name Printed

Owner/Agent Signature

Date



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Unit # 3 of 3

NOTE: THIS FORM MUST BE FILLED OUT COMPLETELY AND SUBMITTED WITH ATTACHMENTS IF NECESSARY. ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

Bldg Name: Crocket Hotel		Bldg Designation:		ELBI #: 3325
Bldg Physical Location: 320 Bonham Street		San Antonio	TX	78205
Number, Street, Suite No, Apt No		City	State	ZIP
Owner Name: 1859 Historic Hotels		Owner Phone: 210-223-4361		
Owner Address: PO Box 59		Galveston	TX	77553
Number, Street, Suite No, Apt No		City	State	ZIP
Bldg Contact Name (Local): Hector Venegas		Bldg Contact Phone: 210-223-4361		
Bldg Contact Address (Used for all correspondence): 204 Alamo Plaza		San Antonio	TX	78205
Number, Street, Suite No, Apt No		City	State	ZIP
Door Restrictors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Required		Firefighters Service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required		
Type of Inspection: (check all that apply) Certificate will only be issued when an Annual or New Installation inspection is performed. <input checked="" type="checkbox"/> A - Annual <input type="checkbox"/> B - New Installation <input type="checkbox"/> C - Alteration <input type="checkbox"/> D - Re-inspection <input type="checkbox"/> E - Accident <input type="checkbox"/> F - 5 Year Test <input type="checkbox"/> X - Other		Test Data Tag in Place? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, inspector must affix test data tag		
Type of Unit: (check one) <input checked="" type="checkbox"/> Pass <input type="checkbox"/> Esc. <input type="checkbox"/> M.S. <input type="checkbox"/> Frt. <input type="checkbox"/> W.L. <input type="checkbox"/> LULA <input type="checkbox"/> Other (specify)		Waivers or Delays Requested? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, attach waiver/delay form and fees		
Manufacturer: OTIS		Model Type: MRV	Serial #: 265912	Drive Machine: (check one) <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Hydraulic <input type="checkbox"/> Other (specify)
Speed: 200	Capacity: 3500	# of Car Openings: 1	# of Floors: 8	Repeat Violations? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Due Date for Next 5 Year Safety Test: 5/2013				Year Installed: 81 Year Altered: N/A

Item #	Rule	Code Year	Violations (Attach additional page(s) if necessary)	Repeat

Comments:

Attach additional page(s) if necessary

Signatures Are Required For Certificate Processing.

I certify this is a true report of my inspection
20059 William McPherson Jr.

12-14-2010

TDLR INSP LIC #

Inspector Name Printed

Inspector Signature

Date Inspection Completed

I certify that all violations cited by the inspector (if any) have been corrected OR are under contract to be corrected All required documents and fees are attached.

Owner/Agent Name Printed

Owner/Agent Signature

12/29/10



THE CROCKETT HOTEL

3325

December 28, 2010

Texas Department of Licensing and Regulation
P O Box 12157
Austin TX 78711-2157

RE: Elevator Equipment Report of Inspection
ELBI 3325 Decal # 66706 64377 10070

Dear Sir or Madam:

We are submitting the signed Elevator Equipment Inspection report and the fee of \$20.00 for each unit for a total of three units.

Kindly find the enclosed signed Elevator Equipment Inspection reports and a check for \$00 for processing the report.

We have contacted OTIS Elevator for the repairs as stated in the inspection report which will be completed no later than February 28, 2011:

Page 2 Decal 64377

A17.3-3.4.5(d)(1) Repair emergency light in elevator

We are pleased to comply and look forward to a safe and prosperous new year as we work together.

Sincerely,

William P. Brendel

William P. Brendel
General Manager

RECEIVED	
TDLR MAIL ROOM 04	
DEC 28 2010	
1 RECEIPT # 241	AMOUNT

Enclosure

WPB/sp